

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)**

UNITED STATES OF AMERICA

v.

RON ELFENBEIN,

Defendant.

Crim. No. JKB-22-146

VERDICT FORM

COUNT ONE (Health Care Fraud):

| Beneficiary | Date of Submission of Claim | Date of Service | Claim No. | Payor | Procedure Code; Amount Billed |
|-------------|-----------------------------|-----------------|-----------------|----------|-------------------------------|
| A.H. | 03/29/2021 | 03/25/2021 | 691021088249240 | Medicare | CPT 99204 \$354.22 |

What is your verdict as to the Defendant with regard to Count One of the Superseding Indictment?

GUILTY YES NOT GUILTY _____

COUNT TWO (Health Care Fraud):

| Beneficiary | Date of Submission of Claim | Date of Service | Claim No. | Payor | Procedure Code; Amount Billed |
|-------------|-----------------------------|-----------------|-----------------|----------|-------------------------------|
| W.R. | 05/03/2021 | 04/23/2021 | 691021123406780 | Medicare | CPT 99204 \$354.22 |

What is your verdict as to the Defendant with regard to Count Two of the Superseding Indictment?

GUILTY YES NOT GUILTY _____

COUNT THREE (Health Care Fraud):

| Beneficiary | Date of Submission of Claim | Date of Service | Claim No. | Payor | Procedure Code; Amount Billed |
|-------------|-----------------------------|-----------------|-----------------|----------|-------------------------------|
| D.M. | 05/12/2021 | 05/10/2021 | 691021132127230 | Medicare | CPT 99204 \$354.22 |

What is your verdict as to the Defendant with regard to Count Three of the Superseding Indictment?

GUILTY YES

NOT GUILTY _____

COUNT FOUR (Health Care Fraud):

| Beneficiary | Date of Submission of Claim | Date of Service | Claim No. | Payor | Procedure Code; Amount Billed |
|-------------|-----------------------------|-----------------|-----------|----------------|-------------------------------|
| J.J. | 03/05/2021 | 03/02/2021 | 372663924 | CareFirst BCBS | CPT 99214 \$231.50 |

What is your verdict as to the Defendant with regard to Count Four of the Indictment?

GUILTY YES

NOT GUILTY _____

COUNT FIVE (Health Care Fraud):

| Beneficiary | Date of Submission of Claim | Date of Service | Claim No. | Payor | Procedure Code; Amount Billed |
|-------------|-----------------------------|-----------------|-----------|----------------|-------------------------------|
| S.T. | 04/28/2021 | 04/19/2021 | 327993824 | CareFirst BCBS | CPT 99204 \$354.22 |

What is your verdict as to the Defendant with regard to Count Five of the Superseding Indictment?

GUILTY YES

NOT GUILTY _____

Upon my oath, the foregoing constitutes the unanimous verdict of the jury.

Signed this 4/1K day of August, 2023:

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